

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

05

11

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 144

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	1339674.06
(b) Cash on Hand at Beginning of Reporting Period .....	1863414.35	
(c) Total Receipts (from Line 19) .....	216878.51	1637418.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2080292.86	2977092.29
7. Total Disbursements (from Line 31) .....	65901.18	962700.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2014391.68	2014391.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	108396.47	732723.60
(ii) Unitemized .....	50879.90	324478.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	159276.37	1057202.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	159276.37	1057202.53
12. Transfers From Affiliated/Other Party Committees .....	57349.00	555210.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	22000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	253.14	3005.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	216878.51	1637418.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	216878.51	1637418.23

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	401.18	5891.42	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	401.18	5891.42	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65500.00	952991.69	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	900.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	900.00	
29. Other Disbursements.....	0.00	2917.50	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65901.18	962700.61	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65901.18	962700.61	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	159276.37	1057202.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	159276.37	1056302.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	401.18	5891.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	401.18	5891.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 3394 Creek View

City

Medford

State

OR

Zip Code

97504-9624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asante Health System

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653480

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Earls

Mailing Address 671 Kingwood Drive NW

City

Salem

State

OR

Zip Code

97304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Vice President, Finance & Health Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653481

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marvin Haas

Mailing Address 2650 Siskiyou Blvd.

City

Medford

State

OR

Zip Code

97504-8170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asante Health System

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653482

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry O Finklein

Mailing Address 2111 Exchange Street

City

Astoria

State

OR

Zip Code

97103-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17653484

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Winford Howard

Mailing Address 1131 Michael Lane

City

Eagle Point

State

OR

Zip Code

97524-9509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asante Health System

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17653490

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Tim Hermann

Mailing Address 1965 Alder St

City

Eugene

State

OR

Zip Code

97405-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Medical Center

Occupation

Regional VP Hosp. Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17653493

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Skip Kriz

Mailing Address 3370 Lakeview Drive

City

Eugene

State

OR

Zip Code

97408-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Medical Cent-  
er

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653505

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mel Pyne

Mailing Address 3015 Summit Sky Blvd.

City

Eugene

State

OR

Zip Code

97405-6253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653507

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Terry Murphy, FACHE

Mailing Address 640 South State Street

City

Dover

State

DE

Zip Code

19901-3597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayhealth Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655944

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Deborah L. Watson, FACHE

Mailing Address 77 Brynberry Court

City

Magnolia

State

DE

Zip Code

19962-1596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayhealth Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17655945

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Bonnie Perratto, MSN, FACHE

Mailing Address 6 Derbyshire Ct.

City

Dover

State

DE

Zip Code

19904-5746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayhealth Medical Center

Occupation

Sr.VP/Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17655948

Amount of Each Receipt this Period

175.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joel Beiswenger

Mailing Address 415 Jefferson Street North

City

Wadena

State

MN

Zip Code

56482-1264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17655960

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ann Gibson

Mailing Address 2550 University Avenue W.  
Suite 350-S

City	State	Zip Code
Saint Paul	MN	55114-1052

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Minnesota Hospital Associ-  
ationOccupation  
Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17655963

Amount of Each Receipt this Period

67.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne St. NW

City	State	Zip Code
Bemidji	MN	56601-5103

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
North Country Regional Ho-  
spitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17655964

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard Kreyer

Mailing Address 2550 University Avenue W.

City	State	Zip Code
Saint Paul	MN	55114-1052

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Minnesota Hospital Associ-  
ationOccupation  
Vice President, Work Force

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17655966

Amount of Each Receipt this Period

74.02

SUBTOTAL of Receipts This Page (optional) .....

216.32

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655967

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Morris

Mailing Address 301 Second Street Northeast

City

New Prague

State

MN

Zip Code

56071-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Queen of Peace Hospital

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655968

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Adams

Mailing Address 1045 Ashland Place

City

Lynchburg

State

VA

Zip Code

24503-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Health

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655980

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Lewis C Addison

Mailing Address 1920 Atherholt Road

City

Lynchburg

State

VA

Zip Code

24501-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Health

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655981

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rodger H Baker

Mailing Address 500 Hospital Drive

City

Warrenton

State

VA

Zip Code

20186-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fauquier Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655982

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sean T. Barden

Mailing Address 11422 Bluff's Ridge

City

Spotsylvania

State

VA

Zip Code

22551-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicorp Health System

Occupation

EVP/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655987

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry L. Boyles

Mailing Address 306 Marl Ravine Road

City

Yorktown

State

VA

Zip Code

23692-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17656025

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Gene Burke, M.D.

Mailing Address 600 Gresham Drive

City

Norfolk

State

VA

Zip Code

23507-1999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Norfolk General  
Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17656032

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Joseph Butz

Mailing Address 919 Graydon Ave

City

Norfolk

State

VA

Zip Code

23507-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Norfolk General  
Hospital

Occupation

VP Cardiac/Transplant Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17656033

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Christine M. Candio

Mailing Address 501 Holland Lane  
#1109

City	State	Zip Code
Alexandria	VA	22314-3553

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Inova Health SystemOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17656034

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick L. Christiansen

Mailing Address 8377 Pedigree Ct

City	State	Zip Code
Gainesville	VA	20155-3240

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Inova Health SystemOccupation  
Administrator - Heart and Vascular Ins

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17656105

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Ben Clark

Mailing Address 1920 Atherholt Road

City	State	Zip Code
Lynchburg	VA	24501-1104

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Centra HealthOccupation  
Vice President and Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17656106

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Craig Connors

Mailing Address 6020 Allegheny Rd

City

Williamsburg

State

VA

Zip Code

23188-7370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health SystemOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17656108

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ruth Dyster

Mailing Address 1034 Towlson Rd

City

McLean

State

VA

Zip Code

22102-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Hospital Center -  
ArlingtonOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17657475

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Barry Gross

Mailing Address 1602 York River Drive

City

Gloucester Point

State

VA

Zip Code

23062-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health SystemOccupation  
Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17657942

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joanne Gutliph, MD

Mailing Address 7965 Valderrama Ct.

City

Gainesville

State

VA

Zip Code

20155-2825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prince William Hospital

Occupation

Physician/Trustee

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17657943

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Holland

Mailing Address 161 Lila Lane

City

Boones Mill

State

VA

Zip Code

24065-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion Clinic

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17658274

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Jividen

Mailing Address 2713 Greenhill Avenue

City

Lynchburg

State

VA

Zip Code

24503-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Health

Occupation

Senior Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17658448

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Michael King

Mailing Address 4271 Brown Roan Ln

City

Harrisonburg

State

VA

Zip Code

22801-8310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockingham Memorial Hospi-  
tal

Occupation

SVP/Finance &amp; VFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681684

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Levin, MD.

Mailing Address 1476 Bridge Point Trail

City

Suffolk

State

VA

Zip Code

23432-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Healthcare

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681686

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rob Lockridge

Mailing Address 14304 Horseshoe Ford Rd

City

Ashland

State

VA

Zip Code

23005-3163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Virginia Me-  
dical Center

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681687

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms James Lesnick

Mailing Address 629 Fairfax Way

City

Williamsburg

State

VA

Zip Code

23185-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health System

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17681688

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Dana Lovecchio

Mailing Address 103 South Cove Rd

City

Williamsburg

State

VA

Zip Code

23188-9325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health System

Occupation  
V/P Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17681689

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan MacLeod

Mailing Address 700 Surfside Ave

City

Virginia Beach

State

VA

Zip Code

23451-3677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryview Medical Center

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17681690

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Bonnie Marabella

Mailing Address 8650 Sudley Rd

City

Manassas

State

VA

Zip Code

20110-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prince William Hospital

Occupation

Admin Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681692

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark R Stoddard

Mailing Address 48 West 1500 North

City

Nephi

State

UT

Zip Code

84648-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Valley Medical Ce-  
nter

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Transaction ID: 17681719

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J Pearce

Mailing Address 701 Town Center Dr, Ste 1000

City

Newport News

State

VA

Zip Code

23606-4286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681722

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melina Dee Perdue

Mailing Address 101 Elm Avenue SE

City

Roanoke

State

VA

Zip Code

24013-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion Clinic

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681724

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Theodore Price

Mailing Address 6709 River Road

City

Richmond

State

VA

Zip Code

23229-8529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sheltering Arms Rehabilita-  
tion Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681730

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Charlotte Ramsey

Mailing Address 6216 Crooked Stick Way

City

Radford

State

VA

Zip Code

24141-7025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion New River Valley  
Medical Cent

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681733

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Katherine Reeves

Mailing Address 10175 Bevoir Drive

City

Fort Belvoir

State

VA

Zip Code

22060-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Health System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17681734

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Xavier Richardson

Mailing Address 8121 Lee Jackson Circle

City

Spotsylvania

State

VA

Zip Code

22553-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medicorp Health System

Occupation

Vice President Corporate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17681735

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Renee K Rountree

Mailing Address 245 Chesapeake Avenue

City

Newport News

State

VA

Zip Code

23607-6038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Rehabilitation  
Institute

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17681736

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John T Stanley

Mailing Address 128 Loblolly Dr.

City

Yorktown

State

VA

Zip Code

23692-4253

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Riverside Health System

Occupation

Vice President Planning and Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681748

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Todd Stottlemeyer

Mailing Address 12518 Nathaniel Oaks Dr

City

Herndon

State

VA

Zip Code

20171-1731

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Inova Health System

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681749

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Emory W. Tibbs, Jr.

Mailing Address Belleview Ave. at Jefferson Street

City

Roanoke

State

VA

Zip Code

24014

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Carilion Clinic

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 17681753

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Andrew P. Weddle

Mailing Address 2708 Sandy Valley Road

City

Virginia Beach

State

VA

Zip Code

23452-7751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Bayside Hospital

Occupation

Vice President, Revenue Cycle

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17681766

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Reginald J. Lavoie

Mailing Address Swiftwater Road

City

Woodsville

State

NH

Zip Code

03785-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cottage Hospital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: 17681773

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Frank G McDougall

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth-Hitchcock Medical Center

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: 17681774

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott W Howe

Mailing Address 173 Middle Street

City

Lancaster

State

NH

Zip Code

03584-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weeks Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: 17681775

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald L Shumway

Mailing Address 1 Verney Drive

City

Greenfield

State

NH

Zip Code

03047-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crotched Mountain Rehabil-  
itation Centre

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: 17681776

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Deanna S. Howard

Mailing Address 5 Paine Road

City

Etna

State

NH

Zip Code

03750-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth-Hitchcock Medic-  
al Center

Occupation

Director, Regional Program Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: 17681777

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr Stephanie Wolf-Rosenblum, , M.D.

Mailing Address P O Box 2014

City

Nashua

State

NH

Zip Code

03061-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern New Hampshire Me-  
dical Center

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Transaction ID: 17681779

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Transaction ID: 17681780

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert J Heckert, , Jr.

Mailing Address 2669 North Scenic Drive

City

Alamogordo

State

NM

Zip Code

88310-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gerald Champion Regional  
Medical Cente

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 17681783

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr John G Albert, FACHE

Mailing Address 28 Hawtorne Road

City

Windham

State

NH

Zip Code

03087-1565

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Kindred Hospital Northeas-  
t-Stoughton

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	9	

Transaction ID: 17681786

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Boyd, , Jr.

Mailing Address 302 North Hospital Drive

City

Girard

State

KS

Zip Code

66743-2000

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Girard Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	9	

Transaction ID: 17682098

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Broberg

Mailing Address 1020 Parkshire Cir

City

Manhattan

State

KS

Zip Code

66503

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Mercy Regional Health Cen-  
ter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	9	

Transaction ID: 17682101

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert L Driewer, , CHE

Mailing Address 1201 West 12th Avenue

City

Emporia

State

KS

Zip Code

66801-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newman Regional Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: 17682127

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis L George

Mailing Address P O Box 189

City

Burlington

State

KS

Zip Code

66839-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coffey County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: 17682139

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John H Jeter, , M.D.

Mailing Address P O Box 8100

City

Hays

State

KS

Zip Code

67601-8100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hays Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: 17682168

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jackie John

Mailing Address Post Office Box 506

City

Phillipsburg

State

KS

Zip Code

67661-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Plains Health Allia-  
nce, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 9

Transaction ID: 17682169

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Laurie Labarca

Mailing Address 8242 E. Greenbriar Ct.

City

Wichita

State

KS

Zip Code

67226-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Via Christi Rehabilitation  
Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 9

Transaction ID: 17682173

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Lindsey

Mailing Address 1100 Fairway Drive

City

Hays

State

KS

Zip Code

67601-4710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hays Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 9

Transaction ID: 17682176

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fred J. Lucky

Mailing Address 14607 W 89

City

Lenexa

State

KS

Zip Code

66215-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
on

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 17682178

Amount of Each Receipt this Period

165.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eugene W Meyer

Mailing Address 325 Maine Street

City

Lawrence

State

KS

Zip Code

66044-1360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawrence Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 17682190

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bob Page

Mailing Address 3901 Rainbow Boulevard

City

Kansas City

State

KS

Zip Code

66160-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The University of Kansas  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 17682208

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

765.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John C. Peterson

Mailing Address 2841 SW Plass Avenue

City

Topeka

State

KS

Zip Code

66611-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Hospital Associati-  
on

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 17682214

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lynnette A. RauvolaBouta

Mailing Address 25 Huntington St.

City

Eastborough

State

KS

Zip Code

67206-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Via Christi Health System

Occupation

Vice President Mission Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: 17682220

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City

Topsham

State

ME

Zip Code

04086-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

Transaction ID: 17682534

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 17687302

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. JoAnn Birdzell

Mailing Address 4321 Fir Street

City

East Chicago

State

IN

Zip Code

46312-3049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Catherine Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 17687735

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Blake A Dye

Mailing Address P O Box 490

City

New Castle

State

IN

Zip Code

47362-0490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry County Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 17687775

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Timothy A Flesch

Mailing Address 7355 Parkridge Drive

City

Newburgh

State

IN

Zip Code

47630-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Medical Center  
of Evansville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687782

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lee Marchant

Mailing Address 3818 Devonshire Lane

City

Bloomington

State

IN

Zip Code

47408-9657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bloomington Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687813

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary A Meyer

Mailing Address P O Box 2349

City

Seymour

State

IN

Zip Code

47274-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schneck Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687818

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark E Moore

Mailing Address P O Box 1149

City

Bloomington

State

IN

Zip Code

47402-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bloomington Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 17687822

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Linda E White

Mailing Address 600 Mary Street

City

Evansville

State

IN

Zip Code

47747-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deaconess Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 17687866

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James L Brexler

Mailing Address 975 East Third Street

City

Chattanooga

State

TN

Zip Code

37403-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erlanger Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: 17687975

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Gregory M. Duckett

Mailing Address 350 North Humphreys Boulevard

City

Memphis

State

TN

Zip Code

38120-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Memorial Health  
Care Corporati

Occupation

Senior Vice President/ Corporate Couns

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687976

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bernard L Mattingly

Mailing Address P O Box 340

City

Cookeville

State

TN

Zip Code

38503-0340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cookeville Regional Medic-  
al Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687978

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Curtis Reynolds

Mailing Address 350 North Humphreys Boulevard

City

Memphis

State

TN

Zip Code

38120-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Memorial Health  
Care Corporati

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687979

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles H Whitfield, Jr.

Mailing Address 1420 Tusculum Boulevard

City

Greeneville

State

TN

Zip Code

37745-5825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laughlin Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687984

Amount of Each Receipt this Period

485.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Charlesetta Woodard-Thompson

Mailing Address 975 East Third Street

City

Chattanooga

State

TN

Zip Code

37403-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erlanger Health System

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17687986

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A. Cruickshank

Mailing Address 2260 Wrightsboro Road

City

Augusta

State

GA

Zip Code

30904-4764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Hospital of Augus-  
ta

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: 17688035

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1235.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ken D Haynes

Mailing Address One St Joseph Drive

City

Lexington

State

KY

Zip Code

40504-3754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Joseph Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: 17693123

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Henry D Lipman

Mailing Address 179 Sara Circle

City

Laconia

State

NH

Zip Code

03246-3069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LRGHealthcare

Occupation  
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: 17693126

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Julie Quirin

Mailing Address 4401 Wornall Road

City

Kansas City

State

MO

Zip Code

64111-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Luke's Hospital of  
Kansas City

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: 17693128

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M Fraser

Mailing Address 24608 Jones Cir

City

Waterloo

State

NE

Zip Code

68069-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Methodist Health  
System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17695963

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Vincent Capece

Mailing Address 28 Crescent Street

City

Middletown

State

CT

Zip Code

06457-3650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex Hospital

Occupation

Vice President Finance and Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17697956

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Susan L Davis, , R.N., Ed

Mailing Address 2800 Main Street

City

Bridgeport

State

CT

Zip Code

06606-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent's Medical Cen-  
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17697957

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian Fillipo, MD

Mailing Address 6192 Moores Creek

City

Summerfield

State

NC

Zip Code

27358-8285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Vice President, Quality and Patient Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17697964

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Campbell

Mailing Address 188 Inverness Drive West #500

City

Englewood

State

CO

Zip Code

80112-5204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centura Health

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17700580

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steve Dickson

Mailing Address P.O. Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

President/CEO, Stratagem, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17700601

Amount of Each Receipt this Period

666.73

SUBTOTAL of Receipts This Page (optional) .....

1416.73

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard G Hilton

Mailing Address Drawer 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oktibbeha County Hospital

Occupation

Associate Administrator and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17700716

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve Lesley

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Association

Occupation

Director of Data Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17700722

Amount of Each Receipt this Period

23.34

**C.**

Full Name (Last, First, Middle Initial)

Mr Edward Tucker

Mailing Address P O Box 16389

City

Hattiesburg

State

MS

Zip Code

39404-6389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forrest General Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17700729

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

623.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Z. Vovak

Mailing Address 9326 Perglen Road

City

Baltimore

State

MD

Zip Code

21236-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

Sr. Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17700738

Amount of Each Receipt this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David P. Foley

Mailing Address 6820 Deerpath Road

City

Elkridge

State

MD

Zip Code

21075-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17700739

Amount of Each Receipt this Period

550.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Beverly L. Miller

Mailing Address 6820 Deerpath Road

City

Elkridge

State

MD

Zip Code

21075-6234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

V.P., Professional Activities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17700740

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Denise Matricciani

Mailing Address 4423 Necker Avenue

City

Nottingham

State

MD

Zip Code

21236-2968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17700741

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. G. Frank Monius

Mailing Address 3606 Hallmark Court

City

Baltimore

State

MD

Zip Code

21234-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17700742

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mark S Rulle

Mailing Address 1148 Hamilton Blvd.

City

Hagerstown

State

MD

Zip Code

21742-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

President, MHEI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: 17700743

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael B Robbins

Mailing Address P.O. Box 8207

City

Elkridge

State

MD

Zip Code

21075-8207

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17700744

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Catherine M. Crowley

Mailing Address 2100 Poplar Ridge Road

City

Pasadena

State

MD

Zip Code

21122-3820

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: 17700745

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James O'Loughlin

Mailing Address P O Box 100550

City

Florence

State

SC

Zip Code

29501-0550

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Carolinas Hospital System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700834

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Lisa Van Dam

Mailing Address 1318 Sunnyside Drive

City

Camden

State

SC

Zip Code

29020-1597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kershaw County Medical Center

Occupation

Nursing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700835

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stuart Smith

Mailing Address 169 Ashley Avenue

City

Charleston

State

SC

Zip Code

29425-8905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUSC Medical Center of Medical Unvers

Occupation

Vice President Clinical Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700836

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City

Johns Island

State

SC

Zip Code

29455-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700837

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ellen Jackson Brown

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

VP, Managed Care &amp; Physician Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700838

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City

Charleston

State

SC

Zip Code

29414-5733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700841

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David L. Dunlap, FACHE

Mailing Address 125 Doughty Street  
Suite 760

City

Charleston

State

SC

Zip Code

29403-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper St. Francis Healthc-  
are

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700842

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

George T. Edwards

Mailing Address 787 Shell Island Circle

City

Charleston

State

SC

Zip Code

29412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Director of Legal Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700843

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rev Terence K Fleming

Mailing Address PO Box 357

City

Folly Beach

State

SC

Zip Code

29439-0357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

VP for Mission

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700844

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Doug Harrison

Mailing Address 1574 Fiddlers Marsh Drive

City

Mt Pleasant

State

SC

Zip Code

29464-4286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Vice President, Human Resources

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700845

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Irvin

Mailing Address 159 Harbour Watch Way

City

Mount Pleasant

State

SC

Zip Code

29464-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

VP of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700855

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Bret Johnson

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700856

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Matthew J Severance

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700857

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr Steven D Shapiro, M.D.

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Vice President for Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700858

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Sullivan

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

CEO, Mt. Pleasant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700859

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Taylor

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: 17700863

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Camiella S Patterson

Mailing Address 103 Ashford Place

City

Greenwood

State

SC

Zip Code

29646-9268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Regional Healthcare

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700864

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Craig White

Mailing Address 503 Lodge Drive

City

Greenwood

State

SC

Zip Code

29646-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Regional Healthcare

Occupation  
VP Foundation/Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700865

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700866

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ingo Angermeier, , FACHE

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700867

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Aycock

Mailing Address PO Box 1797

City

Spartanburg

State

SC

Zip Code

29304-1797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation  
Sr. VP/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700869

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James Bearden

Mailing Address 1127 Woodburn Road

City

Spartanburg

State

SC

Zip Code

29302-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation  
VP, Clinical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700870

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Sheila Breitweiser

Mailing Address 695 Fairwinds Road

City

Landrum

State

SC

Zip Code

29356-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

VP/Exec Director Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700871

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Association

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 17701437

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 17701441

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

630.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17701447

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Alice J. Guttler

Mailing Address 7 Ambrosia Way

City

Freehold

State

NJ

Zip Code

07728-4020

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CentraState Healthcare Sy-  
stem

Occupation

Senior Vice President and Corporate Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17701451

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17701453

Amount of Each Receipt this Period

25.42

**SUBTOTAL** of Receipts This Page (optional) .....

280.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 17701454

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John K Lloyd

Mailing Address 1350 Campus Parkway

City

Wall Township

State

NJ

Zip Code

07753-6821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 17701459

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann P. Logan

Mailing Address 17 Golf View Drive

City

Princeton

State

NJ

Zip Code

08540-8442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solaris Health System

Occupation

Vice President of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 17701460

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

755.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

7731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17701473

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James D. Jackson

Mailing Address Post Office Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17702866

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert D Fraraccio, , FACHE

Mailing Address 1107 West Lexington Avenue

City

Winchester

State

KY

Zip Code

40391-1169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark Regional Medical Ce-  
nter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17702867

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1725.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer D. Jackson

Mailing Address 61 Hickory Lane

City

Madison

State

CT

Zip Code

06443-1718

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17702870

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Clarence Brewton

Mailing Address 1833 Foxwood Circle

City

Mitchellville

State

MD

Zip Code

20721-4139

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MedStar Health

Occupation

Vice President , Regulatory Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: 17703080

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Nickels

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17703436

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael A Franklin, , FACHE

Mailing Address 11418 Newport Bay Drive

City

Berlin

State

MD

Zip Code

21811-9642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlantic General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17703966

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James R Nathan

Mailing Address P O Box 2218

City

Fort Myers

State

FL

Zip Code

33902-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704375

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City

Tallahassee

State

FL

Zip Code

32312-7501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704376

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

1265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John E. Mines

Mailing Address 1991 Killarney Drive

City

Winter Park

State

FL

Zip Code

32789-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704377

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Wilgis

Mailing Address 307 Park Lake Circle

City

Orlando

State

FL

Zip Code

32803-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Associat-  
ion

Occupation

Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704378

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert W. Shryock

Mailing Address 12914 Littleton Bend Road

City

Jacksonville

State

FL

Zip Code

32224-7905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brooks Rehabilitation Hos-  
pital

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704383

Amount of Each Receipt this Period

145.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Timothy K Skeldon

Mailing Address 951 North Washington Avenue

City

Titusville

State

FL

Zip Code

32796-2194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parrish Medical Center

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704384

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City

Orange City

State

FL

Zip Code

32763-8468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Fish Memorial

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704748

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory Ohe

Mailing Address 10000 West Colonial Drive

City

Ocoee

State

FL

Zip Code

34761-3493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Central

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17704749

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

490.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jean Mayer

Mailing Address 2408 W. Watrous Avenue

City

Tampa

State

FL

Zip Code

33629-5343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Vice President for Strategic Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17704750

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Diane M. Kazmierski

Mailing Address 4736 Royal Palm Circle, NE

City

Saint Petersburg

State

FL

Zip Code

33703-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BayCare Health System

Occupation

Vice President, Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17704752

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Brownlow

Mailing Address 5608 Bear Lake Circle

City

Apopka

State

FL

Zip Code

32703-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17705720

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Bill Ellis

Mailing Address 6450 US Highway 1

City

Rockledge

State

FL

Zip Code

32955-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health First, Inc.

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17705722

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe Johnson

Mailing Address 1055 Saxon Boulevard

City

Orange City

State

FL

Zip Code

32763-8468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital Fish Mem-  
orial

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17706286

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Daniel R Morgan

Mailing Address P O Box 59515

City

Panama City

State

FL

Zip Code

32402-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17706537

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

720.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Frieda Warren

Mailing Address 616 n Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17706540

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Donald Connor

Mailing Address 617 N Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17706859

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Floyd Skinner

Mailing Address 618 N Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17706860

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Robert Middlemas

Mailing Address 620 N Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical CenterOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17706862

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Greg Brundnicki

Mailing Address 621 N. Bonita

City

Panama City

State

FL

Zip Code

32401-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical CenterOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17706863

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Paul Hunt

Mailing Address 622 N Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical CenterOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17708662

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr James Cook

Mailing Address 623 N Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Medical CenterOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17708663

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Phillis Oeters

Mailing Address 6855 Red Road, Suite 600

City

Miami

State

FL

Zip Code

33143-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health South Flor-  
idaOccupation  
Corporate Vice President Government an

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17708669

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Dodson

Mailing Address 9800 S. Healthpark Drive  
Suite #405

City

Fort Myers

State

FL

Zip Code

33908-7603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Memorial HospitalOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17708673

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

3250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr John F Wilbanks

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17708736

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark O'Bryant

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17708742

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alfred G Stubblefield

Mailing Address 1717 North 'E' Street, Ste 320

City

Pensacola

State

FL

Zip Code

32501-6377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Care Corpo-  
ration

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: 17708744

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Deanna Schaeffer

Mailing Address 400 N. Clyde Morris Blvd

City

Daytona Beach

State

FL

Zip Code

32114-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halifax Health Medical Ce-  
nter of Dayto

Occupation

CEO, Healthy Communities & GR Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17708778

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Paul Goldstein

Mailing Address 1414 Kuhl Avenue

City

Longwood

State

FL

Zip Code

32806-2093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orlando Regional Healthca-  
re

Occupation

Vice President Finance and Chief Finan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17708779

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William A Giudice

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Chief Financial Officer and Vice Presi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17708780

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Jason Moore

Mailing Address 2112 Doral Drive

City

Tallahassee

State

FL

Zip Code

32312-3159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17708822

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Ann Bernard

Mailing Address 25 Arapaho Dr

City

Pensacola

State

FL

Zip Code

32507-8736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Care Corpo-  
ration

Occupation

VP, Child Protective Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17708859

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Faulkner

Mailing Address P O Box 17500

City

Pensacola

State

FL

Zip Code

32522-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17708860

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Gayle Capozzalo Heil

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale New Haven Health Sys-  
tem

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: 17708947

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Claudia Eisenmann

Mailing Address 2625 County Rd 135

City

Solen

State

ND

Zip Code

58570-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedCenter One

Occupation

Vice President, Professional Practices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: 17708977

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas G Bartlett, III, M.D.

Mailing Address 25117 Highway 15

City

Union

State

MS

Zip Code

39365-9088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laird Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: 17709060

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles L Denton

Mailing Address 960 Avent Drive

City

Grenada

State

MS

Zip Code

38901-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grenada Lake Medical Cent-  
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	9	

Transaction ID: 17709068

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve Dickson

Mailing Address P.O. Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

President/CEO, Stratagem, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	9	

Transaction ID: 17709069

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Heer

Mailing Address 830 South Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Mississippi Health  
Services, Inc

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	9	

Transaction ID: 17709075

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steve Adriaanse

Mailing Address 3042 Fermanagh Drive

City

Tallahassee

State

FL

Zip Code

32309-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

HR Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17711701

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia Blair

Mailing Address 7935 Preservation Road

City

Tallahassee

State

FL

Zip Code

32312-6766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: 17711704

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John J. Brady, III

Mailing Address 5 Lynnbrook Road

City

Trumbull

State

CT

Zip Code

06611-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Vice President, Business Development &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17711760

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr James Staten

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale-New Haven Hospital

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17711761

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph E Morris

Mailing Address 2003 Lincoln Way

City

Coeur D Alene

State

ID

Zip Code

83814-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kootenai Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17712060

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W Martin

Mailing Address 700 South Main Street

City

Moscow

State

ID

Zip Code

83843-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gritman Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17712061

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Louis D Kraml, , CHE

Mailing Address 350 North Meridian Street

City State Zip Code  
 Blackfoot ID 83221-1625

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mountain River Birthing  
and Surgery CeOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 0 / 2 0 0 9

Transaction ID: 17712062

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary Fletcher

Mailing Address 190 East Bannock Street

City State Zip Code  
 Boise ID 83712-6241

FEC ID number of contributing federal political committee.

C

Name of Employer  
St. Luke's Regional Medic-  
al CenterOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 0 / 2 0 0 9

Transaction ID: 17712063

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alan H Channing

Mailing Address 1401 S California Boulevard

City State Zip Code  
 Chicago IL 60608-1858

FEC ID number of contributing federal political committee.

C

Name of Employer  
Schwab Rehabilitation Hos-  
pitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 0 / 2 0 0 9

Transaction ID: 17713950

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul F. Hills

Mailing Address 18 Heron Lane

City

Barrington

State

IL

Zip Code

60010-5142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Health System

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17713953

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Johnson

Mailing Address 385 Millennium Drive

City

Crystal Lake

State

IL

Zip Code

60012-3761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Hospital - McHenry

Occupation  
Senior Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17713955

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Angela McAuley

Mailing Address 1301 Winston Circle

City

Woodstock

State

IL

Zip Code

60098-3678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Hospital - Woodstock

Occupation  
Senior Vice President, Women's Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17713959

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jason Sciarro

Mailing Address 14255 Castlebar Trail

City

Woodstock

State

IL

Zip Code

60098-8881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Hospital - Woods-  
tock

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: 17713993

Amount of Each Receipt this Period

800.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Aaron T. Shepley

Mailing Address 385 Millennium Drive

City

Crystal Lake

State

IL

Zip Code

60012-3740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Health System

Occupation

Chief Quality Officer/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: 17713995

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Darryl L. Vandervort

Mailing Address 403 East First Street

City

Dixon

State

IL

Zip Code

61021-3187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Katherine Shaw Bethea Hos-  
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: 17713998

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional) .....

1375.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714006

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Deaton

Mailing Address 740 North Hayes

City

Oak Park

State

IL

Zip Code

60302-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714012

Amount of Each Receipt this Period

416.70

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Director of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714013

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional) .....

1241.70

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lois DeTraglia

Mailing Address 1151 E. Warrenville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: 17714014

Amount of Each Receipt this Period

208.40

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Filliung

Mailing Address 1013 59th Street

City

Lisle

State

IL

Zip Code

60532-3122

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: 17714015

Amount of Each Receipt this Period

208.40

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian Foster

Mailing Address 1151 E. Warrenville Rd.  
PO Box 3015

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: 17714016

Amount of Each Receipt this Period

416.70

SUBTOTAL of Receipts This Page (optional) .....

833.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Tamara Lynn Gamrat

Mailing Address 1911 Hamilton Street

City

Murphysboro

State

IL

Zip Code

62966-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Senior Risk Management Coordination

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.89

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714017

Amount of Each Receipt this Period

156.30

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.  
PO Box 3015

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714019

Amount of Each Receipt this Period

416.70

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ed Holzhauer

Mailing Address 1755 Maple Lane

City

Wheaton

State

IL

Zip Code

60187-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714024

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional) .....

1198.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714025

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714030

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714034

Amount of Each Receipt this Period

208.40

**SUBTOTAL** of Receipts This Page (optional) .....

1043.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road  
PO Box 3015

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714035

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City State Zip Code  
Springfield IL 62707-6070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714039

Amount of Each Receipt this Period

625.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City State Zip Code  
Naperville IL 60563-1493

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714042

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

President Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714044

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Spoor

Mailing Address 700 South Second Street

City

Springfield

State

IL

Zip Code

62704-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Director, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714046

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Laraine Williams

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1031.25

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: 17714050

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan R Murray

Mailing Address 3288 Moanalua Road

City

Honolulu

State

HI

Zip Code

96819-1495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente Medical  
Center

Occupation

Regional Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 17714745

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John B. Day

Mailing Address 101 Page Street

City

New Bedford

State

MA

Zip Code

02740-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southcoast Hospitals Group

Occupation

President &amp; Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 17714747

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Bomher

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Senior VP, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 17714797

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Terry Brennan

Mailing Address 1 Saint Anthony's Way

City

Alton

State

IL

Zip Code

62002-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Anthony's Health Sy-  
stem

Occupation

Vice President Physician Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714798

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jonathan R. Bruss

Mailing Address 30 W 061 Kensington Drive

City

Warrenville

State

IL

Zip Code

60555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Good Samaritan  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714819

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Danny Chun

Mailing Address 303 North Oak Park Avenue

City

Oak Park

State

IL

Zip Code

60302-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714820

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael S Eesley

Mailing Address P O Box 1990

City

Woodstock

State

IL

Zip Code

60098-1990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Hospital - Woods-  
tock

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714822

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ann Errichetti, M.D.

Mailing Address 801 South Milwaukee Avenue

City

Libertyville

State

IL

Zip Code

60048-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Condell Medical  
Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714823

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Bridgett Gibbons

Mailing Address 2132 West Warner

City

Chicago

State

IL

Zip Code

60618-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate South Suburban  
Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714831

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anil Godbole, MD., S.C.

Mailing Address 1893 Mission Hills Lane

City

Northbrook

State

IL

Zip Code

60062-5760

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Advocate Illinois Masonic  
Medical Cent

Occupation

Chairman, Dept. of Psychiatry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 17714832

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James M. Hohner

Mailing Address 2159 W. Agatite

City

Chicago

State

IL

Zip Code

60625-1705

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Advocate Health Care

Occupation

Director, Advocate Health Care Foundat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 17714834

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James C Leonard, , M.D.

Mailing Address 611 West Park Street

City

Urbana

State

IL

Zip Code

61801-2500

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Carle Foundation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	9	

Transaction ID: 17714835

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin Manning

Mailing Address 3013 Mary Kay Lane

City

Glenview

State

IL

Zip Code

60026-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714840

Amount of Each Receipt this Period

800.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City

Naperville

State

IL

Zip Code

60565-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714844

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan Nordstrom Lopez

Mailing Address 836 West Wellington Avenue

City

Chicago

State

IL

Zip Code

60657-5147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Illinois Masonic  
Medical Cent

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714855

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Powder

Mailing Address 1775 Dempster

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Lutheran General  
Hospital

Occupation

SVP, Strategic Planning & Growth

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714858

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marc A. Senesac

Mailing Address 3815 Highland Avenue

City

Downers Grove

State

IL

Zip Code

60515-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Illinois Masonic  
Medical Cent

Occupation

Regional Vice President HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714870

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jim H Skogsbergh

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714874

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Carl G Herde

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Healthcare System

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17716080

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tommy J Smith

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17716089

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce A Klockars, , FACHE

Mailing Address P O Box 7

City

Mount Sterling

State

KY

Zip Code

40353-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Joseph Mount Sterli-  
ng

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17716090

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Joseph G Koch

Mailing Address 9 Linville Drive

City

Paris

State

KY

Zip Code

40361-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bourbon Community Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17716091

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John D Harryman

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Suburban Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17716256

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas D Kmetz

Mailing Address 9820 Third Street Road

City

Louisville

State

KY

Zip Code

40272-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Southwest Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717499

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Steven MacLauchlan

Mailing Address One Audubon Plaza Drive

City

Louisville

State

KY

Zip Code

40217-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717500

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tracy E Williams

Mailing Address 234 East Gray Street, Ste. 225

City

Louisville

State

KY

Zip Code

40202-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717505

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas A. Winkelhake

Mailing Address 8911 Duxbury Road

City

Louisville

State

KY

Zip Code

40242-6910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Suburban Hospital

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717506

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Mark Armstrong

Mailing Address 310 South Limestone Street

City

Lexington

State

KY

Zip Code

40508-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UK HealthCare Good Samari-  
tan Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717507

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack G. Blackwell

Mailing Address 2201 Forest Ave

City

Ashland

State

KY

Zip Code

41101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717508

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward Nairn

Mailing Address Highlands Regional Med Ctr  
Box 668

City

Prestonburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717512

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Donahue

Mailing Address 4604 Highway 60 West

City

Morganfield

State

KY

Zip Code

42437-9570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Methodist Hospital Union  
County

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717514

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Haynes

Mailing Address P O Box 8086

City

Lexington

State

KY

Zip Code

40533-8086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Appalachian Regional Heal-  
thcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717515

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank A. Butler

Mailing Address 437 Adair Road

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Kentucky Ho-  
spital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717516

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Joseph DeVenuto

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Suburban Hospital

Occupation

Assistant Vice President/CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	9	

Transaction ID: 17717519

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Chip Peal

Mailing Address 299 King's Daughters Drive

City

Frankfort

State

KY

Zip Code

40601-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankfort Regional Medical  
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	9	

Transaction ID: 17717520

Amount of Each Receipt this Period

260.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Seraphine

Mailing Address 1140 Lexington Road

City

Georgetown

State

KY

Zip Code

40324-9330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Cumberland Regional  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	9	

Transaction ID: 17717522

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1010.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Nina W Eisner

Mailing Address 3050 Rio Dosa Drive

City

Lexington

State

KY

Zip Code

40509-9990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ridge Behavioral Health  
System

Occupation

Chief Executive Officer and Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717525

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Robert Shaw

Mailing Address 19 Hill River Rd

City

Louisville

State

KY

Zip Code

40207-1191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation

President Cancer Institute

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: 17717528

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joel Gilbertson

Mailing Address 2100 Lake Washington Dr N  
Unit I-101

City

Renton

State

WA

Zip Code

98056-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health & Services

Occupation

VP, Government & Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: 17718319

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Stephanie L Bloom

Mailing Address 109 Rowan Court

City

Manahawkin

State

NJ

Zip Code

08050-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 17718691

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City

Manasquan

State

NJ

Zip Code

08736-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 17718696

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 17718703

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald J Del Mauro

Mailing Address 95 Old Short Hills Road

City

West Orange

State

NJ

Zip Code

07052-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Barnabas Health Care  
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 17718705

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 17718710

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: 17718715

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional) .....

520.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 17718716

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

7731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

VP Health Economics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 17718738

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr C.J. Christensen

Mailing Address 400 Lakeview Drive

City

Marion

State

KY

Zip Code

42064-7208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crittenden County Hospital

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 17720875

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wayne A. Smith

Mailing Address 1280 South Governors Avenue

City

Dover

State

DE

Zip Code

19904-4802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delaware Healthcare Assoc-  
iation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 17721101

Amount of Each Receipt this Period

690.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anna Jaques Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 17721104

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jason Carlson

Mailing Address 30 South Behl Street

City

Appleton

State

MN

Zip Code

56208-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Appleton Area Health Serv-  
ices

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 17721112

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

1055.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne St. NW

City

Bemidji

State

MN

Zip Code

56601-5103

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
North Country Regional Ho-  
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 17721118

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 17721119

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kevin E Lofton, , FACHE

Mailing Address 1999 Broadway, Suite 4000

City

Denver

State

CO

Zip Code

80202-5703

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Catholic Health Initiati-  
ves

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 17721127

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1034595123063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1045726223063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1082532723063

Amount of Each Receipt this Period

38.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

156.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1113464223063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Davon Gray

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Legislative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1143013023063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1260472923063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle M. Mathy

Mailing Address 1660 Lanier PL Apt. 309

City

Washington

State

DC

Zip Code

20009-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Project Manager AHAPAC Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1300853723063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Mayfield

Mailing Address One North Franklin Street  
Suite 32139

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1302378923063

Amount of Each Receipt this Period

86.96

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1347703423063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

154.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1347703623063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1347791023063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1384065323063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1492459923063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City

Largo

State

MD

Zip Code

20774-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.39

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1516850623063

Amount of Each Receipt this Period

29.18

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elisa Arespachaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Direcor, Constituency Sectio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.40

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1555656223063

Amount of Each Receipt this Period

30.44

P/R Deduction (\$15.22 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

99.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Asst. Director Advocacy & Member Commu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.40

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1555656523063

Amount of Each Receipt this Period

30.44

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Poole

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.27

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR1589439923063

Amount of Each Receipt this Period

31.82

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR327629123063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR327745923063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR327771623063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR327777223063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

134.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 104 / 144  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR32777823063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR327801723063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Chief Executive Officer, AONE &amp; Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR327812023063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

158.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR327831723063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR327846223063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR327851923063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR327858023063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City	State	Zip Code
Millis	MA	60606-3436

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR327877823063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
#3002

City	State	Zip Code
Chicago	IL	60602-4750

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR327895723063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

196.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR327918923063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328132823063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328136923063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

184.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328174923063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328223823063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328224923063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

184.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR328241423063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR328260923063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City

Arnold

State

MD

Zip Code

21012-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President Strategic Commun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR328310423063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR328341823063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR328490123063

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code  
Yardley PA 19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR328511823063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 111 / 144  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328512023063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Director, Health Data Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328641123063

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

President &amp; CEO, AHA Solutions, Inc. &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR328913323063

Amount of Each Receipt this Period

88.00

P/R Deduction (\$40.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

173.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR329013423063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR329071323063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR329084423063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

158.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 144

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR329215723063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Vice President &amp; CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR329342623063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: PR329654223063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

134.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330343323063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330411623063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330465223063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330475423063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City

Arlington

State

VA

Zip Code

22205-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330534323063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330547723063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

158.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 144  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330549223063

Amount of Each Receipt this Period

94.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter James Reiter

Mailing Address 6820 Deerpath Road

City

Elkridge

State

MD

Zip Code

21075-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR330776123063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 )

**C.**

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR331278823063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

162.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR331304223063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR331379123063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR331386923063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 118 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address 6225 US Hwy 290 E

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR331416023063

Amount of Each Receipt this Period

116.00

P/R Deduction (\$60.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR331533223063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR346168123063

Amount of Each Receipt this Period

39.84

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

233.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR517619723063

Amount of Each Receipt this Period

78.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR518031923063

Amount of Each Receipt this Period

43.48

P/R Deduction (\$21.74 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR560101523063

Amount of Each Receipt this Period

30.44

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

151.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 120 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR566280923063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR766023723063

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR801366323063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 121 / 144

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR876637223063

Amount of Each Receipt this Period

42.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR936292323063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Director Quality Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR939603923063

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

98.00

**TOTAL** This Period (last page this line number only) .....

108396.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 144

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue  
Suite 900

City State Zip Code  
Phoenix AZ 85012

FEC ID number of contributing  
federal political committee.

**C** C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17653586

Amount of Each Receipt this Period

14349.00

**B.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: 17655978

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C** C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 1 / 2 0 0 9

Transaction ID: 17700777

Amount of Each Receipt this Period

12000.00

**SUBTOTAL** of Receipts This Page (optional) .....

36349.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 144

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 9

Transaction ID: 17700823

Amount of Each Receipt this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code  
Madison WI 53725-9038

FEC ID number of contributing  
federal political committee.

**C** C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13775.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: 17708988

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17714911

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

21000.00

**TOTAL** This Period (last page this line number only) .....

57349.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 144

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3005.70

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 17804765

Amount of Each Receipt this Period

253.14

Interest Earned

**SUBTOTAL** of Receipts This Page (optional) .....

253.14

**TOTAL** This Period (last page this line number only) .....

253.14

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 144

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Allyson Y. Schwartz

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 17700882

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Texans For Lamar Smith

Mailing Address PO Box 6155

City State Zip Code  
San Antonio TX 78209

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lamar S. Smith

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 21

Transaction ID: 17700884

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kevin McCarthy For Congress

Mailing Address PO Box 12667

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Kevin McCarthy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 17700885

Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

3000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Coulson For Congress	<b>Transaction ID:</b> 17700891 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2354	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	9												
City Glenview State IL Zip Code 60025	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Elizabeth Coulson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends For Harry Reid	<b>Transaction ID:</b> 17700893 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 19163	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Las Vegas State NV Zip Code 89132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sen. Harry Reid	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey	<b>Transaction ID:</b> 17700896 <b>Date of Disbursement</b>																				
Mailing Address P O Box 1322 PO Box 1322	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Wausau State WI Zip Code 54402	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. David R. Obey	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Kathleen A. Dahlkemper

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 17700897

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Lincoln Diaz-Balart For Congress

Mailing Address 1001 Brickell Bay Drive  
9th Floor

City Miami State FL Zip Code 33131

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lincoln G. Diaz-Balart

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 21

Transaction ID: 17700903

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Hastings For Congress

Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Alcee L. Hastings

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 23

Transaction ID: 17700906

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mario Diaz-Balart For Congress

Mailing Address 95 Merrick Way, Suite 250

City State Zip Code  
Coral Gables FL 33134

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mario Diaz-Balart

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 25

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 17700907

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Klein For Congress

Mailing Address 21301 Powerline Road, Suite 204

City State Zip Code  
Boca Raton FL 33431

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ronald Klein

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 22

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 17700909

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ros-Lehtinen For Congress

Mailing Address P O Box 52-2784

City State Zip Code  
Miami FL 33152

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ileana Ros-Lehtinen

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 18

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** 17700912

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Tom Rooney For Congress

Mailing Address 2336 S. East Ocean Blvd. #313

City  
Stuart

State  
FL

Zip Code  
34996

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Thomas J. Rooney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 17700913

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Debbie Wasserman-Schultz

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: 17700914

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address P. O. Box 360877

City  
Melbourne

State  
FL

Zip Code  
32936

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bill Posey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 17700915

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 144

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Kosmas For Congress</p>	<b>Transaction ID:</b> 17700916
	<p>Mailing Address PO Box 1547</p>	<p>Date of Disbursement  <div> <div>11</div> <div>10</div> <div>2009</div> </div> </p>
	<p>City State Zip Code New Smyrna Beach FL 32170</p>	<b>Amount of Each Disbursement this Period</b>
	<p>Purpose of Disbursement Contribution  <div>011</div> Category/Type  Candidate Name Rep. Suzanne M. Kosmas </p>	<div>1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼  State: FL District: 24 </p>	Contribution
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Mica For Congress</p>	<b>Transaction ID:</b> 17700918
	<p>Mailing Address P. O. Box 181546</p>	<p>Date of Disbursement  <div> <div>11</div> <div>10</div> <div>2009</div> </div> </p>
	<p>City State Zip Code Casselberry FL 32718</p>	<b>Amount of Each Disbursement this Period</b>
	<p>Purpose of Disbursement Contribution  <div>011</div> Category/Type  Candidate Name Rep. John L. Mica </p>	<div>1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼  State: FL District: 07 </p>	Contribution
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Crenshaw For Congress Campaign</p>	<b>Transaction ID:</b> 17700921
	<p>Mailing Address 4963 Beach Boulevard Suite 1</p>	<p>Date of Disbursement  <div> <div>11</div> <div>10</div> <div>2009</div> </div> </p>
	<p>City State Zip Code Jacksonville FL 32207</p>	<b>Amount of Each Disbursement this Period</b>
	<p>Purpose of Disbursement Contribution  <div>011</div> Category/Type  Candidate Name Rep. Ander Crenshaw </p>	<div>2500.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  Disbursement For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼  State: FL District: 04 </p>	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Vern Buchanan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 17700922

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Ginny Brown-Waite

Mailing Address PO Box 865

City  
Brooksville

State  
FL

Zip Code  
34605

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Virginia Brown-Waite

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: 17700925

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bilirakis For Congress

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gus M. Bilirakis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 09

Transaction ID: 17700927

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of Cliff Stearns

Mailing Address PO Box 308

City  
Silver Springs

State  
FL

Zip Code  
34489

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Rep. Clifford B. Stearns

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Transaction ID: 17700930

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jeff Miller For Congress

Mailing Address P. O. Box 126

City  
Pensacola

State  
FL

Zip Code  
32591

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Rep. Jeff B. Miller

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 01

Transaction ID: 17700933

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Connie Mack

Mailing Address P.O. Box 519  
Pmb 388

City  
Naples

State  
FL

Zip Code  
34106

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Rep. Connie Mack, IV

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 14

Transaction ID: 17700934

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Gingrey For Congress

Mailing Address PO Box U

City  
Marietta

State  
GA

Zip Code  
30060

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Phil Gingrey, M.D.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 17704925

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bill Shuster For Congress

Mailing Address PO Box 27

City  
Hollidaysburg

State  
PA

Zip Code  
16648

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. William Franklin Shuster

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: 17704926

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address PO Box 2323  
Suite 5300

City  
Atlanta

State  
GA

Zip Code  
30301

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Lewis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 17704927

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mccaull For Congress, Inc

Mailing Address 815-A Brazos Street  
Pmb 230

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael T. McCaul

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 10

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17704960

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Salazar For Congress

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John T. Salazar

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17704961

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Klobuchar For Minnesota

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement  
2012 Contribution

Candidate Name  
Amy Klobuchar

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN District:

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17704967

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez	<b>Transaction ID:</b> 17708980 <b>Date of Disbursement</b>
Mailing Address 1212 S. Victory Blvd. Suite 211	<div> <div>11</div> <div>05</div> <div>2009</div> </div>
City Burbank State CA Zip Code 91502	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Loretta Sanchez	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	<b>Contribution</b>
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) McCotter Congressional Committee	<b>Transaction ID:</b> 17714751 <b>Date of Disbursement</b>
Mailing Address PO Box 530788	<div> <div>11</div> <div>19</div> <div>2009</div> </div>
City Livonia State MI Zip Code 48153	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Thaddeus G. McCotter	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	<b>Contribution</b>
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Simpson For Congress	<b>Transaction ID:</b> 17714816 <b>Date of Disbursement</b>
Mailing Address 1487 Parkway Drive	<div> <div>11</div> <div>19</div> <div>2009</div> </div>
City Blackfoot State ID Zip Code 83221	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Michael K. Simpson	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	<b>Contribution</b>
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City  
TallahasseeState  
FLZip Code  
32317Purpose of Disbursement  
ContributionCandidate Name  
Mr. F Allen Boyd011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: 17714825

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Brad Miller For United States Congress

Mailing Address PO Box 10322

City  
RaleighState  
NCZip Code  
27605Purpose of Disbursement  
ContributionCandidate Name  
Rep. Brad Miller011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: 17714828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ben Chandler For Congress

Mailing Address P. O. Box 12678

City  
LexingtonState  
KYZip Code  
40508Purpose of Disbursement  
ContributionCandidate Name  
Rep. Benjamin Chandler011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 06

Transaction ID: 17714862

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Quigley For Congress	<b>Transaction ID:</b> 17714889 <b>Date of Disbursement</b>
Mailing Address PO Box 13040	<div> <div>11</div> <div>19</div> <div>2009</div> </div>
City Chicago State IL Zip Code 60613	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Michael Quigley	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rob Wittman For Congress	<b>Transaction ID:</b> 17714904 <b>Date of Disbursement</b>
Mailing Address PO Box 999	<div> <div>11</div> <div>19</div> <div>2009</div> </div>
City Montross State VA Zip Code 22520	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name Rep. Robert J. Wittman	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) James Webb For Senate	<b>Transaction ID:</b> 17714908 <b>Date of Disbursement</b>
Mailing Address PO Box 17427	<div> <div>11</div> <div>19</div> <div>2009</div> </div>
City Arlington State VA Zip Code 22216	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Contribution	<div>500.00</div>
Candidate Name Senator James Webb	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046Purpose of Disbursement  
Void of 10/09 checkCandidate Name  
Rep. Allyson Y. SchwartzOffice Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 13

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17715888

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

-2500.00

Void of 10/09 check

**B.** Full Name (Last, First, Middle Initial)  
Campaign For Our CountryMailing Address 10 G Street, NE  
Suite 710City State Zip Code  
Washington DC 20002Purpose of Disbursement  
Void of 9/09 checkCandidate Name  
Campaign For Our CountryOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17715902

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

-2500.00

Void of 9/09 check

**C.** Full Name (Last, First, Middle Initial)  
John Lewis For CongressMailing Address PO Box 2323  
Suite 5300City State Zip Code  
Atlanta GA 30301Purpose of Disbursement  
Void of 9/09 checkCandidate Name  
Rep. John LewisOffice Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 05

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17715904

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

-1000.00

Void of 9/09 check

**SUBTOTAL** of Disbursements This Page (optional) .....

-6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steven R. Rothman

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 09

Transaction ID: 17767081

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Candice Miller For Congress

Mailing Address P.O. Box 182152

City Shelby Township State MI Zip Code 48318

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Candice S. Miller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 10

Transaction ID: 17767863

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Peters For Congress

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gary C. Peters

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 17785434

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Rogers For Congress	<b>Transaction ID:</b> 17785817 <b>Date of Disbursement</b>																				
Mailing Address 123 East 13th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	0	9												
City Anniston State AL Zip Code 36201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Michael D. Rogers	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Griffith For Congress	<b>Transaction ID:</b> 17786469 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 2916	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	0	9												
City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Parker Griffith, MD	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bright For Congress	<b>Transaction ID:</b> 17786965 <b>Date of Disbursement</b>																				
Mailing Address P.O.Box 2106	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	0	9												
City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Bobby Neal Bright, Sr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 144

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Rex Rice For Congress

Mailing Address 301 Providence Way  
PO Box 1706

City Easley State SC Zip Code 29642

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Rex Rice

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: 17787428

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Ginny Brown-Waite

Mailing Address PO Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement  
Void of 10/09 check

Candidate Name  
Rep. Virginia Brown-Waite

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: 17811692

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

-1000.00

Void of 10/09 check

C.

Full Name (Last, First, Middle Initial)

Friends Of Corrine Brown

Mailing Address 3563 Carriage Walk Lane

City Laurel State MD Zip Code 20724

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Corrine Brown

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 03

Transaction ID: 17811695

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

National Leadership PAC

Mailing Address 635 B Pennsylvania Ave.

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Void of 10/09 check

Candidate Name  
National Leadership PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17814007

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

Category/  
Type

Void of 10/09 check

SUBTOTAL of Disbursements This Page (optional) .....

-1000.00

TOTAL This Period (last page this line number only) .....

65500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 144

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 17804713 <b>Date of Disbursement</b>																				
Mailing Address Ste. 001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	9												
<table border="1"> <tr> <td>City Chicago</td> <td>State IL</td> <td>Zip Code 60679</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Merchant Fees</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Chicago	State IL	Zip Code 60679	Purpose of Disbursement Merchant Fees		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4.95</td> </tr> </table>	4.95											
City Chicago	State IL	Zip Code 60679																			
Purpose of Disbursement Merchant Fees		001 Category/ Type																			
Candidate Name																					
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Merchant Fees																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 17804714 <b>Date of Disbursement</b>																				
Mailing Address Ste. 001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	9												
<table border="1"> <tr> <td>City Chicago</td> <td>State IL</td> <td>Zip Code 60679</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Merchant Fees</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Chicago	State IL	Zip Code 60679	Purpose of Disbursement Merchant Fees		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>109.69</td> </tr> </table>	109.69											
City Chicago	State IL	Zip Code 60679																			
Purpose of Disbursement Merchant Fees		001 Category/ Type																			
Candidate Name																					
109.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Merchant Fees																				
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard	<b>Transaction ID:</b> 17804725 <b>Date of Disbursement</b>																				
Mailing Address 1601 Elm Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	9												
<table border="1"> <tr> <td>City Dallas</td> <td>State TX</td> <td>Zip Code 75201</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Merchant Fees</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Dallas	State TX	Zip Code 75201	Purpose of Disbursement Merchant Fees		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>80.85</td> </tr> </table>	80.85											
City Dallas	State TX	Zip Code 75201																			
Purpose of Disbursement Merchant Fees		001 Category/ Type																			
Candidate Name																					
80.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Merchant Fees																				

**SUBTOTAL** of Disbursements This Page (optional) .....

195.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 17804757

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2009

Amount of Each Disbursement this Period

33.80

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

33.80

**TOTAL** This Period (last page this line number only) .....

229.29